



DEPARTMENT OF BOATING AND WATERWAYS

STATE OF CALIFORNIA - RESOURCES AGENCY

## Yacht and Ship Salesperson's License Transfer

Application Fee - \$10.00

Print or Type

NAME

RESIDENCE ADDRESS: Street

City, State, Zip

PHONE

( )

TO BE EMPLOYED BY

BUSINESS ADDRESS: Street

City, State, Zip

WK PHONE

( )

FORMER EMPLOYER

BROKER'S ADDRESS: Street

City, State, Zip

PHONE

( )

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

\_\_\_\_\_  
Salesperson's Signature-Executed under penalty of perjury

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date

### BROKER'S CERTIFICATION OF EMPLOYMENT

I HEREBY CERTIFY that I am a Licensed Yacht and Ship Broker; that after an investigation duly made I recommend that applicant herein as honest, truthful and of good reputation, and I request that the State Department of Boating and Waterways to issue to said applicant a transfer of his license as a Yacht and Ship Salesperson in my employ. I further certify that my employment of the applicant herein is bona fide employment and that I will exercise a careful and constant supervision over said applicant if this transfer is granted.

\_\_\_\_\_  
Broker's Signature-Executed under penalty of perjury

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date

Mail To:  
Department of Boating and Waterways  
2000 Evergreen Street Suite 100  
Sacramento, CA 95815